

05/23/00  
16920 U.S. PTO

05-24-00

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BALLINGER  
Docket: 30019.100USU1  
Title: PSEUDO-NOISE ENCODED DIGITAL DATA CLOCK RECOVERY

JC658 U.S. PTO  
09/576056  
05/23/00

CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number: EL544514405US

Date of Deposit: May 23, 2000

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

By: *Linda McCormick*  
Name: Linda McCormick

BOX PATENT APPLICATION  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 28 pgs; 56 claims; Abstract 1 pgs.  
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 9 sheets of informal drawings
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to Level One Communications, Inc., Recordation Form Cover Sheet
- ☒ A check in the amount of \$1494.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee       |
|------------------------------|---|---------------|---|--------------|---|-------|---|-----------|
| Basic Filing Fee             |   |               |   |              |   |       |   | \$690.00  |
| Total Claims                 |   |               |   |              |   |       |   |           |
| 56                           | - | 20            | = | 36           | x | 18.00 | = | \$648.00  |
| Independent Claims           |   |               |   |              |   |       |   |           |
| 5                            | - | 3             | = | 2            | x | 78.00 | = | \$156.00  |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00    |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | \$1494.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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